THE HIGHLANDS SCHOOL

AUTHORIZATION TO RELEASE RECORDS

Name of student _____ Date of Birth _____
First Middle Last

Name and address FROM whom records are being requested:

Name of school _____

Address _____

_____

Please send records to:
Office of Admissions
THE HIGHLANDS SCHOOL
2409 Creswell Road
Bel Air, MD 21015

DESCRIPTION OF RECORDS:

- ☐ School and Health
- ☐ Special Education
- ☐ Confidential (Sensitive)
- ☐ Psychological
- ☐ Other _____

I authorize the release of the records indicated above:

_____
Parent (or Guardian) Date

Authorization obtained by: _____